

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552871

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							99						
50							100						
TOTAL 1ST			↓	2	↓	↓							
TOTAL 2ND			←	15	←	→							
TOTAL 3RD			██████████	██████████									

Best Available Copy